EXEMPT REQUEST APPEAL FORM DEADLINE TO FILE - AUGUST 1ST

York County Assessment Office 28 E. Market Street, Room 105 York, PA 17401-1585 717-771-9232

Owner (as it appears on the de	ed)			
Parcel ID Number/:			Parcel	
Property Location				
Owners Mailing Address _				
				Phone Number
xplain usage or function of	property			
Inder what statute are you	claiming e	exempt st	tatus?	
Do you derive any income fr	•	_	-	perty? YES or NO (circle one) , and/or the service rendered
				· · · · · · · · · · · · · · · · · · ·
THE UNDERSIGNED HER				
SELF				_
OTHER				_
	POENAS,	AND TO) PRODU	RD OF ASSESSMENT APPE CE SUCH DOCUMENTATIO RD.
DATE:		\$	SIGNATI	JRE OF APPELLANT(S)
				RE OF AFFELLANI(S)
		-		THE OF AFFELLANI(S)